

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**  
(Please type or print in black or blue ink)  
**SEE BACK FOR INSTRUCTIONS AND FEES**

<b>(A)</b> NAME OF ORGANIZATION OR ESTABLISHMENT				<b>(B)</b> LOCATION OR ADDRESS OF EVENT (ONLY ONE)			
<b>(C)</b> CONTACT PERSON				<b>(D)</b> CONTACT PERSON PHONE #		FAX PHONE #	
DAY	(E) DATE OF EVENT	(F) TIME OF EVENT	DAY	(E) DATE OF EVENT	(F) TIME OF EVENT		
1.			11.				
2.			12.				
3.			13.				
4.			14.				
5.			15.				
6.			16.				
7.			17.				
8.			18.				
9.			19.				
10.			20.				
<b>(G)</b> NAME OF APPROVED FOOD ESTABLISHMENT			<b>(H)</b> STREET ADDRESS		<b>(I)</b> PHONE NUMBER		<b>(J)</b> PERMIT NO.
APPROVED FOOD ESTABLISHMENT USE AUTHORIZED BY: <b>(K)</b> (OR ATTACH LETTER OF AUTHORIZATION)  <div style="border-bottom: 1px solid black; margin-bottom: 10px; width: 400px;"></div> <b>(L)</b> SIGNATURE OF AUTHORIZED PERSON  <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="border-bottom: 1px solid black; width: 40%;"></div> </div> <b>(M)</b> PRINT NAME OF AUTHORIZED PERSON <span style="float: right;"><b>(N)</b> TITLE</span>							
<b>(O)</b> LIST FOOD ITEMS. NO HOME PREPARED FOOD. REMINDER: KEEP HOT FOOD ABOVE 135° F. KEEP COLD FOOD BELOW 41 ° F. WORKERS MUST PRACTICE REGULAR HANDWASHING, MUST NOT BE ILL, NO BARE HAND CONTACT WITH READY TO EAT FOODS.							

**(P) ATTACH: SITE PLAN – INCLUDE HAND WASHING FACILITIES, BOOTH LAYOUT**

The Sanitation Branch, Department of Health reserves the right to deny your Temporary Food Establishment Permit or revoke the permit for failure to comply with the sanitary requirements of Hawaii Administrative Rules, Title 11, Department of Health, Chapter 50, Food Safety Code. The permit applicant may be required to submit a complete menu and schematic plan of the proposed operation.

**THIS PERMIT IS NOT TO EXCEED TWENTY (20) DATES IN ANY 120 DAY PERIOD**

(Q) DATE

(R) SIGNATURE OF APPLICANT

(S) TITLE

(T) PRINT NAME OF APPLICANT

**FEE NON REFUNDABLE**

Payable to: **STATE OF HAWAII**

**SUBMIT APPLICATION AND FEE TEN WORKING DAYS PRIOR TO EVENT TO: KAUAI DISTRICT HEALTH OFFICE**

**ENVIRONMENTAL HEALTH SECTION - SANITATION  
3040 UMI STREET  
LIHUE, HI 96766**

**APPROVED:**

DATE		SIGNATURE OF AGENT/DEPARTMENT OF HEALTH		seal of approval (Permit invalid without seal)	
FEE AMOUNT	DATE PAID	METHOD OF PAYMENT	RECEIPT NO.	RECEIVED BY	

## INSTRUCTIONS FOR TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATIONS

- All establishments, organizations, or individuals distributing or selling food to the public for a limited period of time (not exceeding 20 dates within a 120 day period) are required to submit a Temporary Food Establishment Permit Application to the Department of Health, Sanitation Office. **Applications will not be processed if the form is incomplete.**
  - Applications and the appropriate fee should be submitted at least ten (10) working days prior to event.
  - All exemptions will be decided by the Department of Health/Sanitation Office.
  - **Permits may be picked-up OR faxed OR mailed to you (include a self-addressed, stamped envelope with the application).**
  - All permits must have a seal of approval.
- A. **NAME OF ORGANIZATION OR ESTABLISHMENT:** Name of organization or establishment administering the food operation. Each permit applies to **one (1) organization or establishment only**.
- B. **LOCATION OR ADDRESS OF EVENT:** The site where food distribution is being held. Each permit applies to **one (1) location**.
- C. **CONTACT PERSON:** Name of person(s) responsible for questions and pick up of application.
- D. **CONTACT PHONE OR FAX NUMBER:** Phone number of person(s) responsible for questions and pick up of approved permit or if fax number is provided, permit will be faxed.
- E. **DATE OF EVENT:** One date per line (Maximum of 20 dates within a 120 day period, starting from the date of the first event).
- F. **TIME OF EVENT:** Start to finish time of event.
- G. **NAME OF APPROVED FOOD ESTABLISHMENT:** Name of approved food establishment where food preparation, food storage, etc. will be done.  
**The proposed approved food establishment must still be approved by the Department of Health for the temporary food event.**
- H. **STREET ADDRESS:** Street address of approved food establishment where food preparation, food storage, etc. will be done.
- I. **PHONE NUMBER:** Phone number of approved food establishment.
- J. **PERMIT NO.\*:** Permit number of the approved food establishment where food preparation, food storage, etc. will be done.  
 \*Permit number issued by the State Department of Health/Sanitation Branch
- K. **(OR ATTACH LETTER OF AUTHORIZATION):** Instead of having the Authorized Person sign the application, an authorized letter from the approved kitchen may be submitted. The Letter of Authorization must include information L, M, and N.
- L. **SIGNATURE OF AUTHORIZED PERSON:** Signature of person giving permission to use the approved food establishment.
- M. **PRINT NAME OF AUTHORIZED PERSON:** Print name of “(L) Signature of Authorized Person”.
- N. **TITLE:** Title of “(L) Signature of Authorized Person”.
- O. **LIST OF FOOD ITEMS:** All food items being sold or distributed at event (also include the number of pieces of chicken to be sold).
- P. **SITE PLAN, BOOTH LAYOUT:** On a separate paper draw a site plan and indicate the booth where food will be distributed including warmers, burners, cookers, hand washing facilities, etc.
- Q. **DATE:** Date submitting application.
- R. **SIGNATURE OF APPLICANT:** (Applicant and contact person need not be the same person.)
- S. **TITLE:** Title of “(R) Signature of Applicant.”
- T. **PRINT NAME OF APPLICANT:** Print name of signer, “(R) Signature of applicant”.

FOOD ESTABLISHMENT TYPE	FEE
44. Any Food Establishment used only to prepare or serve food to the homeless without compensation, consideration, or donation by the person or persons being served	\$0
45. Temporary Food Establishment: 1-5 days	\$50
46. Temporary Food Establishment: 6-10 days	\$75
47. Temporary Food Establishment: 11-20 days	\$100
48. Temporary Food Establishment: Value added farm products	\$25
49. Temporary Food Establishment (applicants such as youth groups, schools, hospitals, religious groups, community service organizations, athletic groups, and other charitable or benevolent organizations)	\$0

